



STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
 Telephone: (860) 713-6135
 Web Site: www.ct.gov/dcp

TEMPORARY LIMITED AUTO GLASS REPAIR LICENSE

The individual applying for this license must complete this form. This application **must be accompanied by a check or money order**, for the appropriate fee as noted below, made payable to: ***"Treasurer, State of Connecticut."***

Temporary Limited Auto Glass Repair Contractor AG-3			
<i>If your application is received by DCP between:</i>	Application Fee	Initial License Fee	Total Fee Due
September 1 st - November 30 th	\$75.00	+ \$75.00	= \$150.00
December 1 st - February 28 th	\$75.00	+ \$56.25	= \$131.25
March 1 st - May 31 st	\$75.00	+ \$37.50	= \$112.50
June 1 st - August 31 th	\$75.00	+ \$18.75	= \$ 93.75

Temporary Limited Auto Glass Repair Journeyman AG-4			
<i>If your application is received by DCP between:</i>	Application Fee	Initial License Fee	Total Fee Due
September 1 st - November 30 th	\$45.00	+ \$60.00	= \$105.00
December 1 st - February 28 th	\$45.00	+ \$45.00	= \$ 90.00
March 1 st - May 31 st	\$45.00	+ \$30.00	= \$ 75.00
June 1 st - August 31 th	\$45.00	+ \$15.00	= \$ 60.00

➔ Return your completed application and appropriate fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Check (✓) Type of Temporary Limited Auto Glass Repair License Applying for:

☐ **Contractor AG-3** ☐ **Journeyman AG-4** (attach proof of experience and related instruction documents)

Applicant's Name (First Name, Middle Initial, Last Name)			
Applicant's Street Address		City or Town	State Zip Code
Telephone Number (w/ area code)	Date of Birth	Social Security Number	Email Address
Do you presently hold a license for any occupation in any State? <input type="checkbox"/> YES <input type="checkbox"/> NO (Attach a copy of your current license)		If yes, list State	Type of License Issue Date of License
Has the applicant ever been convicted of a felony crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please attach a statement providing the date(s) of conviction(s), the court(s) where the cases were decided and a description of the circumstances relating to each conviction(s).			

NOTICE: A TEMPORARY LIMITED AUTO GLASS REPAIR LICENSE TYPE MAY BE ISSUED BY THE COMMISSIONER OF CONSUMER PROTECTION FOR A DURATIONAL PERIOD OF TIME AND LIMITED SCOPE OF WORK THAT THE COMMISSIONER DEEMS NECESSARY FOR THE EFFECTIVE ENFORCEMENT OF PUBLIC ACT 01-66; AND UNTIL AN EXAMINATION IS CREATED USING THE ANSI STANDARDS OF PRACTICE FOR AUTO GLASS REPAIR, AND/OR REFERENCE THE COMMISSIONER DEEMS NECESSARY TO QUALIFY SUCH PERSON TO BE ISSUED A PERMANENT AUTO GLASS REPAIR CONTRACTOR OR JOURNEYPERSON TYPE LICENSE.

THE APPLICANT ACKNOWLEDGES THAT THE COMMISSIONER MAY NOT ALLOW RENEWAL OF ANY TEMPORARY LIMITED AUTO REPAIR GLASS LICENSE TYPES UPON NOTICE, WITHOUT FURTHER EXAMINATION AS DEEMED NECESSARY TO QUALIFY SUCH PERSON TO BE ISSUED A PERMANENT AUTO GLASS REPAIR CONTRACTOR OR JOURNEYPERSON TYPE LICENSE.

Any persons making any misstatement as to experience or other qualifications, or any persons subscribing to or vouching for any misstatement shall be subject to those penalties as provided for in the Connecticut General Statutes.

 Signature of Applicant

 Date

 Notary Seal

Subscribed and sworn to before me

 Signature of Notary Public

 My Commission Expires

JOB RELATED TRAINING COURSES

COURSE NUMBER	COURSE NAME	COMPLETION DATE
On the Job Training with an Experienced Technician		Hours

Request for Temporary Limited Auto Glass Repair License

This is to certify that (name) _____

Job Title _____ Date started on this job _____

has received appropriate training and has satisfactorily obtained the knowledge and skill level required for their job functions. This technician has demonstrated the ability to perform the work assigned proficiently and safely. As the immediate supervisor, I feel fully confident in this technician's ability to work under normal supervision, and therefore request approval for a Temporary Limited Auto Glass Repair License until such time of examination.

Supervisor's Name _____ Title _____

Company Name _____

Address _____

Signature _____ Date _____

State of Connecticut
Department of Consumer Protection
Occupational and Professional Licensing Division
165 Capitol Avenue
Hartford, CT 06106
Telephone (860) 713-6135 • FAX (860) 713-7230
Email occprotrades@po.state.ct.us

Effective December 17, 2004:

Temporary Limited Auto Glass Repair License Types

The following **temporary** limited Auto Glass Repair License types may be issued by the Commissioner of Consumer Protection for a **durational period of time and limited scope of work** that the Commissioner deems necessary for the effective enforcement of Public Act. 01-66; and until an examination is created using the A.N.S.I. Standards of practice for auto glass repair, and/or other reference's the Commissioner deems necessary to qualify such person to be issued a permanent Auto glass Repair journeyman or contractor type license.

Temporary Limited Auto Glass Repair Contractor (AG-3) The holder of this license may perform work limited to the repair of damage occurring in laminated glass in compliance with the conditions set forth in the Connecticut Automotive Glass Standards of Practice section titled: Windshield Repair. All repairs may be made, but not more than five (5) totals, which do not exceed the following conditions:

1. The impact point is not larger than 3/8"
2. Individual impact damage (not classified as "Combination Break") is not larger than 1" (or just slightly larger than a U.S. quarter)
3. A combination break has cracks of less than 6" and the entire damage area can be completely covered by a U.S. \$1 bill
4. Crack damage is not caused by "stress"
5. No more than one repair, not larger than 3/8" is permitted inside the acute area which is defined as "within the area covered by the sweep of the driver's side wiper originally provided by the manufacturer or in the case of one original wiper provided by the manufacturer, the driver's side half of the windshield"

The requirement to qualify for this license exam shall be two (2) years as a properly licensed journeyman or equivalent experience and training as determined by the Department.

Temporary Limited Auto Glass Repair Journeyman (AG-4). The holder of this license may perform limited repair work and only while under the direct employ of a properly licensed Contractor for such work.

The requirements to qualify for this limited license exam shall be the completion of a Department approved training program or equivalent experience and training as determined.

Requirements; Minimum 40 hours of related instruction including lab work and 40 hours of field experience.

Limited Repair Helper (AG-5). The holder of this registration may perform limited repair work and only while under the direct employ of a properly licensed Contractor for such work and in the presence of a properly licensed Contractor or journeyman for such work.

Applications and Statutes are available on our website: www.ct.gov/dcp